

**INDIANA DATA BREACH NOTIFICATION FORM**OAG Form 1079 (R1 / 09-14)  
Identity Theft Unit**OFFICE OF ATTORNEY GENERAL**  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> floor  
302 W. Washington Street  
Indianapolis, IN 46204  
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name Kahn, Dees, Donovan & Kahn, LLP			
Street Address 501 Main Street, Suite 305		City Evansville	State IN
Submitted by Brian P. Williams		Title Attorney	Dated 02/4/2016
Firm Name and Address (if different than entity)			Telephone 812-423-3183
Email bwilliams@kddk.com		Relationship to Entity whose information was compromised	

Type of Organization (please select one)		
<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input checked="" type="checkbox"/> Other – please specify
<input type="checkbox"/> Educational	<input type="checkbox"/> Other Commercial	Law Firm

Number of Persons Affected	
Total (Indiana Included)	1
Indiana Residents Only	1

Dates		
Date Breach Occurred (include start/end dates if known)	02/03/2016	
Date Breach Discovered	02/03/2016	
Date Consumers Notified	02/03/2016	

Reason for delay, if any, in sending notification

Description of Breach (select all that apply)	
<input checked="" type="checkbox"/> Inadvertent disclosure	<input type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)	
<input checked="" type="checkbox"/> Social Security Number	<input type="checkbox"/> Name in combination with (select all that apply)
	<input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number
	<input type="checkbox"/> Credit Card or Financial Account Information
	<input type="checkbox"/> Debit Card Number (in combination with security code, access code, password or PIN for account)

List dates of previous breach notifications (within last 12 months)		
N/A		

**Manner of Notification to Affected Persons****Attach a copy of a sample notification letter**

- ☒ Written  
☐ Electronic (email)  
☐ Telephone

**Identity Theft Protection Service Offered**

- |   |          |                   |
|---|----------|-------------------|
| <input checked="" type="checkbox"/> Yes | Duration | 1 year            |
| <input type="checkbox"/> No             | Provider | Consumer's Choice |

Brief Description of Service:  
Identity Theft Protection

**Since this breach, we have taken the following steps to ensure it does not reoccur (attach additional pages if necessary)**

A person inadvertently handed documents to a third party. It is our policy to make sure you review what you are handing a person.

**Any other information that may be relevant to the Office of Attorney General in reviewing this incident (attach additional pages if necessary)****SUBMIT**